

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07991

Reg. Diat. No. 111

1. PLACE OF DEATH:

County

City or town

Dorchester
East New Market, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Georgia C. Asmussen

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife

Fritz Asmussen

52

7. Birth date of deceased (mo., day, yr.)

Feb 15. 1891

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

55

6

26

hrs.

min.

9. Birthplace

Cambridge

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Edward J. Conway

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

East New Market, Md.

Date thereof 8-30-1946

(month) (day) (year)

Dorchester Memorial Park

Cambridge, Md.

Kenneth R. Shores

Cambridge, Md.

Elizabeth C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 27 1946, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1945 19 to Aug 1946

and that I last saw her alive on Aug 16 1946

Immediate cause of death: Angina pectoris

DURATION

2 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of...

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. D. Brown, M.D.
East New Market, Md. 8/29/46
M. D. or other
Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

CERTIFICATE OF DEATH

07992

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 11 days

Hospital, Institution, or street address where death occurred:..... Eastern Shore State Hospital

How long in hospital or institution?..... 11 days

3. (a) FULL NAME

H.
Elizabeth Brunker4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**

7. Birth date of deceased (mo., day, yr.)..... Charles Brunker

6. (c) If alive, give age..... 88 years

7. Birth date of deceased (mo., day, yr.)..... February 18 1864

8. AGE: Years **82** Months **5** Days **22** If less than one day..... hrs. min.9. Birthplace..... Whitman, Talbot county, Maryland
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Own home

12. Name..... Robert Harrison

13. Birthplace..... Talbot County Maryland

14. Maiden name..... Thomas

15. Birthplace..... Talbot County, Maryland

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial (Burial, cremation, or removal? Which?)..... Burial Date thereof *Aug. 12, 1946* (month) (day) (year)

Cemetery or crematory..... Spring Hill Cemetery

Location..... Easton, Md.

18. Funeral director..... Elsie Clark

Address..... Easton, Md.

19. 8/10 20. 1946 21. 7-84, Nervous

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Talbot

City or town..... Easton (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2. (a) If veteran, name war..... ✓

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 9 1946, af. 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1946, to August 9 1946, and that I last saw her alive on August 9 1946.

Immediate cause of death.....

Hypertensive cardiovascular disease

DURATION

unknown

Due to.....

Senility

Due to.....

Other conditions..... Senile Psychosis

5 yrs

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

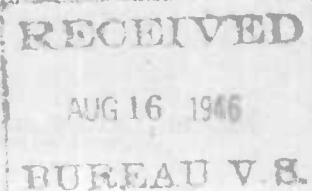
Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... *Elie Clark* M. D. or other

Address..... Cambridge, Maryland Date signed 8/9/46



DR. HANK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2020

07993
116

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Baltimore
Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Memorial Camper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Col widowed
6. (b) Name of husband or wife. Don't know

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace:

(Town, county, and state)

10. Usual occupation:

11. Industry or business

MOTHER FATHER

12. Name:

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1946 at 11 A.M.

21. CERTIFY that death occurred on the date above stated, that I attended deceased from

Oct 10 1945 to Aug 19 1946

and that I last saw him alive on August 19 1946

Immediate cause of death Cerebral Hemorrhage

DURATION 4 weeks

Due to Arteriosclerosis

Due to

Other conditions Aplastic Anemia

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. June

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. J. Banks D. Father

Address: Cambridge Md Date signed: 8/13/46

RE

AUG 15 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15

CERTIFICATE OF DEATH

07994

Reg. Dist. No. 116

1. PLACE OF DEATH

County..... Dorchester

City or town..... Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death? 10 hrs.

Hospital, Institution, or street address where death occurred:

Cambridge, Maryland Hosp.

How long in hospital or institution? 10 hrs.

3. (a) FULL NAME

Baby Cheesman

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Aug 3, 1946

6. (c) If alive, give age 10 hrs. years

8. AGE: Years

If less than one day

10 hrs. min.

9. Birthplace..... Cambridge, Dorchester, Md.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... William T. Cheesman

13. Birthplace E. New Market, Md.

14. Maiden name..... Betty Mae Ballantine

15. Birthplace Essex, Md.

16. Informant..... Betty Mae Cheesman

Address..... Church Creek, Md.

17. Burial.....

(Burial, cremation, or removal. Which?) Date thereof Aug. 3, 1946

(month) (day) (year)

Cemetery or crematory..... Family Lot

Location..... East New Market, Md.

18. Funeral director..... Ralph Wheatley

Address..... East New Market, Md.

19. (Date rec'd by registrar) Aug. 10, 1946 John Mace, Jr. (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Dorchester County

City or town..... Cambridge, Dorchester County

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3, 1946, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3, 1946, to Aug 3, 1946,

and that I last saw her alive on Aug. 3, 1946.

Immediate cause of death.....

Prematurity

DURATION

10 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... 136 Race St. Cambridge, Md. Date signed Aug 3, 1946

RECEIVED

AUG 10 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

0799572

Reg. Dist. No. 10

1. PLACE OF DEATH:

County Dorchester

City or town Reids Grove

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Anna May Coleman

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

August 16th, 1946

7. Birth date of deceased (mo., day, yr.)

October 24, 1939

6. (c) If alive, give age years

8. AGE:

6

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Reids Grove, Maryland

(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

MOTHER FATHER

12. Name S. Lee Coleman

13. Birthplace Hurlock, Maryland, P.T.S.

14. Maiden name Ethel Dennis

15. Birthplace Dorchester County, Maryland

16. Informant S. Lee Coleman

Address Reids Grove, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof August 19, 1946

(month) (day) (year)

Cemetery or crematory

Reids Grove Cemetery

Location

Reids Grove, Maryland

18. Funeral director

J. P. Frampton and Son

Address

Federalsburg, Maryland

19. Aug. 19

1946

(Date rec'd by registrar)

Elizabeth M. Clegg

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Reids Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 18

1946, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 16th, 1946, to August 17th, 1946,

and that I last saw her alive on August 17th, 1946.

Immediate cause of death General Toxaemia from Malignant Diphtheria.

DURATION

Diphtheria.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

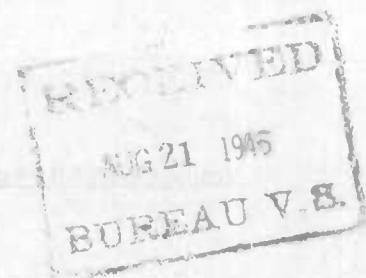
Injured at work?

23. SIGNATURE

Edward E. Lamkin, M.D. Virginia, Md.

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-2

07996

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County DorchesterCity or town Harlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

Eugene A. Conway

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleColoredmarried

6. (b) Name of husband or wife

Sarah Jane Conway6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.)

September 14, 1882

8. AGE:

Years 63Months 11Days 17

If less than one day

hrs. _____ min. _____

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Canning Factory

MOTHER FATHER

12. Name Stephen Dockins13. Birthplace Dorchester County, Maryland14. Maiden name Mahaly Conway15. Birthplace Dorchester County, Maryland16. Informant Sarah Jane ConwayAddress Harlock, Maryland, R.F.D.17. Burial Burial Date thereof September 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hanpontown CemeteryLocation Near East New Market, Maryland18. Funeral director J. J. Frampton and SonAddress Federalsburg, Maryland19. Sept 2 - 1946 (Date rec'd by registrar)Charles Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Harlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

169-16-5422

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1946 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 25, 1946 to Aug. 31, 1946
and that I last saw her alive on Aug. 31, 1946

Immediate cause of death

Carcinoma of the
Colon

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings or operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Hayward T. Jeff, M.D.

M. D. or other

Address Easton, Md. Date signed 9/3/46

RECEIVED

SEP 27 1946

BUREAU F.B.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07997

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County HanoverCity or town Fishing Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: homeStay in hospital or inst. (yrs., or mos., or days) —Stay in this community (yrs., or mos., or days) 8 yrs

3. (a) FULL NAME

Oris Lee Creighton

4. Sex

5. Color or race

female

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Aug. 9 - 1946

8. AGE: Years

Months

Days

If less than one day

hrs. 30 min.

9. Birthplace

Fishing Creek, Md

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

MOTHER FATHER

12. Name

Thurman Howard Creighton

13. Birthplace

Fishing Creek, Md

14. Maiden name

Dorothy Meale Bradford

15. Birthplace

Cape, Md

16. Informant

Dorothy Creighton

Address

Fishing Creek, Md

17. Burial

Date thereof Aug. 10/46

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Holiergreen Cemetery

Location

Fishing Creek, Md

18. Funeral director

Thurman Howard Creighton

Address

Fishing Creek, Md

19. Date rec'd by registrar

Aug. 10 1946

(Date rec'd by registrar)

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty HanoverCity or town Fishing Creek

Ward No.

Street No. Near C. E. Phillips packing house

house

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 10

19 46 at 12 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 9 19 46 to Aug. 10 19 46 and that I last saw her alive on Aug. 10 19 46

Immediate cause of death

Placenta Rerumfirst time, gestation 5 mosDue to Placenta Separationor placentaDue to unknown causes

Other conditions

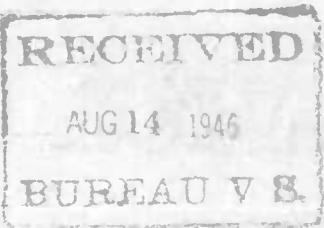
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Df autopsy

DURATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 402

07998

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 years

Hospital, Institution, or street address where death occurred:
Home

How long in hospital or institution? X

3. (a) FULL NAME

M. ONEIDA STEPHENS DODSON.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife Edward Everett Dodson

7. Birth date of deceased (mo., day, yr.) 6/23/1900

6. (c) If alive, give age 54 years

8. AGE: Years	Months	Days	It less than one day
46	1	10	hrs. min.

9. Birthplace Templeman, Virginia
(Town, county, and state)

10. Usual occupation Sales-lady

11. Industry or business J. C. Penny Co.

12. Name	Joseph A. Stephens
13. Birthplace	Va.

14. Maiden name Matilda H. Middleton

15. Birthplace Va.

16. Informant Edward Everett Dodson

Address Cambridge, Md.

17. Burial Date thereof 8/6/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn

Location Cambridge, Md.

18. Funeral director LeCompte Funeral Service.

Address Cambridge, Md.

19. Date rec'd by registrar Aug 6-1946

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 101 Franklin Street
(If rural, give LOCATION)

2.(a) If veteran, name war X

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1946, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13, 1946, to Aug 3, 1946

and that I last saw her alive on Aug 3, 1946

Immediate cause of death Metastatic Carcinoma

Due to Adenocarcinoma of cervix and uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma

cesarix Date of op. June 13, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of

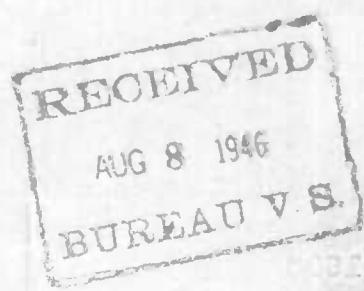
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE M. D. or other

Address Cambridge, Md. Date signed 8/17/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

07999

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Rural-Woolfords

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 1 Year

Hospital, institution, or street address where death occurred:

Home-WoolfordsHow long in hospital or institution?... -

3. (a) FULL NAME

Mattie E. Graham

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife Clarence H. Graham

(Died 7/21/1945)

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

1884 3

8. AGE: Years Months Days If less than one day

63 hrs. min.

9. Birthplace Sayville, Long Island, N. Y.
(Town, county, and state)10. Usual occupation: -11. Industry or business: -12. Name John Newton13. Birthplace Long Island, N. Y.14. Maiden name Alice Craven15. Birthplace Maryland16. Informant Mrs. Elizabeth BrambleAddress Woolfords, Maryland17. Burial Date thereof Aug. 30, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hampton Bays,Location Long Island, N. Y.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 8:39 - 1946
(Date rec'd by registrar) John MacLeod
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County DorchesterCity or town... Rural-Woolfords
(If outside city or town limits, write RURAL and give nearest town)Street No. Woolfords

(If rural, give LOCATION)

2.(a) If veteran, name war: -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1946, 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19 46 to Aug 26 46 and that I last saw her alive on Aug 26 46Immediate cause of death Uremiastarvation

DURATION

108 days

Duo to Septicemia Cardio-vascular
Arterial diseaseDuo to Enteric tuberculosisOther conditions: -

(Include pregnancy within 8 months of death)

Major findings of operations: -

Date of op.

Autopsy results: -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: - Date of: -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, Industry, public place (where?) -Means of Injury -Injured at work? -23. SIGNATURE James G. Thompson M.D.

M. D. or other

Address Cambridge, Maryland Date signed 27 Aug 46

RECEIVED
AUG 29 1946
BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

CERTIFICATE OF DEATH

08000

Reg. Dist. No. 110

1. PLACE OF DEATH: Bethel
 County Huntington
 City or town Huntington
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sydie A. Griffith
 4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) Jan 9 1869 8. (c) If alive, give age 77 years

8. AGE: 77 Years 7 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace 2nd (Town, county, and state)10. Usual occupation House work11. Industry or business Balet Boundle12. Name Elen Barwick13. Birthplace 2nd14. Maiden name Elen Barwick15. Birthplace 2nd16. Informant Mrs John VaughnAddress Hurlock17. Burial Burial Date thereof Aug 21 1946 (Burial, cremation, or removal? Which?)Cemetery or crematory BethelLocation Hurlock18. Funeral director J. B. WilloughbyAddress Hurlock19. Date rec'd by registrar Aug 21 1946Registrar W. C. HarrisonSignature W. C. HarrisonM. D. or other W. C. HarrisonAddress Hurlock Md.Date signed 8/20/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Huntington
 City or town Huntington
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1946 at 11:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1946 to August 19 1946 and that I last saw her alive on August 19 1946.

Immediate cause of death Insanity
 Due to Cerebral Atherosclerosis and Cerebral anemia

Due to General Atherosclerosis 5 yrs +
 Other conditions Senile psychosis - Delirious + Confused type 3 yrs +
 (Include pregnancy within 3 months of death)

Major findings or operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

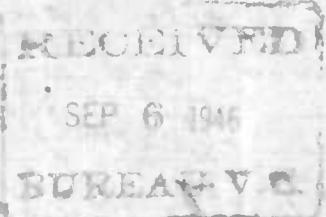
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. C. HarrisonM. D. or other W. C. HarrisonAddress Hurlock Md.Date signed 8/20/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of **MARYLAND STATE DEPARTMENT OF HEALTH**
usual residence of deceased
is shown on **1170**
is shown on **CERTIFICATE OF DEATH**

08001

116

Reg. Dist. No.

1. PLACE OF DEATH: **107 SEP 16 1946**County: **Dorchester**City or town: **Cambridge & Hospital**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **4 days**Hospital, institution, or street address where death occurred: **400 High St**How long in hospital or institution? **4 days**

3. (a) FULL NAME

Clarence B. Harvey4. Sex: **Male**5. Color or race: **White**6. (a) Single, married, widowed, or divorced: **Married**6. (b) Name of husband or wife: **—**7. Birth date of deceased (mo., day, yr.): **Jan 27 1891**6. (c) If alive, give age: **55** years8. AGE: **55** Years **7** Months **0** Days **0** It less than one day: **0** hrs. **0** min.9. Birthplace: **—**(Town, county, and state): **—**10. Usual occupation: **Ass't Supw at Law Co.**11. Industry or business: **—**12. Name: **Benjamin F. Harvey**13. Birthplace: **—**14. Maiden name: **Lilly Lee Moore**15. Birthplace: **—**16. Informant: **Mrs Brooks Parker**Address: **Hurlock**17. Date thereof: **Sept 16 1946**
(Burial, cremation, or removal. Which?)Cemetery or crematory: **Cambridge**Location: **East New Market**18. Funeral director: **W. H. T. Tidmarsh**Address: **East New Market**19. Date rec'd by registrar: **8/31/46** 1946Registrar: **John Mace Jr. M.D.**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State: **Dorchester**City or town: **Hurlock**

(If outside city or town limits, write RURAL and give nearest town)

Street No.: **—**

(If rural, give LOCATION)

2. (a) If veteran, name war: **—**

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: **August 30 1946**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 24 1946 to **Aug. 30 1946**
and that I last saw **h.s. 107** alive on **August 30 1946**

Immediate cause of death:

MYOCARDIAL FAILURE

DURATION

12 hoursDue to: **MYOCARDIAL HYPERSTROPHY**
ESSENTIAL HYPERTENSION ?

Due to:

Other conditions: **SEVERE HEMORRHAGE FROM**
Peptic ulcer **9 days**
(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.: **Same**Autopsy results: **Same**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: **None**Accident, suicide, or homicide: **—** Date of: **—**Where did injury occur? **—** (City or town) **—** (County) **—** (State) **—**Injured at home, farm, industry, public place (where?) **—**Means of injury: **—** Injured at work? **—**23. SIGNATURE: **J. F. T. S. Harvey**M. D. or other: **—** Date signed: **8/30/46**Address: **CAMBRIDGE MD**

RECEIVED

SEP 3 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *1246*

08002

CERTIFICATE OF DEATH



Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred:

307 Locust St.

How long in hospital or institution? —

3. (a) FULL NAME

George W. James

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Elen Park James6. (c) If alive, give age 66 years7. Birth date of deceased (mo. day, yr.) Sept. 18, 1872

8. AGE:	Years	Months	Days	If less than one day
	73	11	8	hrs. min.

9. Birthplace Cambridge, RFD # 3, Maryland
(Town, county, and state)

10. Usual occupation. —

11. Industry or business. —

12. Name J. George James13. Birthplace Maryland14. Maiden name Martha Ann Cook15. Birthplace Maryland16. Informant Mrs. Russell MarshallAddress Cambridge, Maryland17. Burial Date thereof Aug. 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. (Date rec'd by registrar) Aug. 28, 1946 John Macay Jr. M.D. *John Macay Jr. M.D.*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. 307 Locust St. (If rural, give LOCATION)

2. (a) If veteran, name war. —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1946 at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1st 1946 to Aug. 26 1946 and shall last saw him alive on Aug. 26 1946

Immediate cause of death.

Myocardial Failure
and uremiaDue to Arterio Sclerotic
Cardio-Vascular Disease

Due to.

Other conditions Cirrhosis of Liver

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

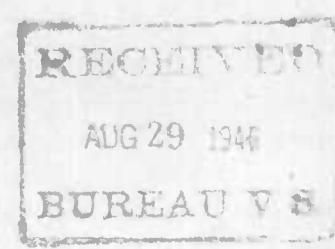
Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Eldridge H. Wolfford* M.D. or otherAddress Cambridge, Md. Date signed Aug. 26, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08003
116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month 12 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 month 12 days

3. (a) FULL NAME

Annie Ladd

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife. Mr. Woodberry Ladd

Cambridge, Md.

66

years

7. Birth date of deceased (mo. day. yr.)

Jan. 11, 1884

66

8. AGE:

Years

Months

Days

If less than one day

62

7

3

hrs.

min.

9. Birthplace Cambridge Maryland

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Gustavus B. Smith

13. Birthplace Cambridge, Maryland

14. Maiden name Mary E. Condon

15. Birthplace Dorchester County

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Old Trinity

Date thereof 8/11/46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Church Creek, Md.

18. Funeral director LeCompte Funeral Service

Address Cambridge, Md.,

19. 8-10-1946 John May Jr. M.D.
(Date rec'd by registrar) 1946 John May Jr. M.D.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester Co.

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1946 to August 8 1946

and that I last saw her alive on August 8 1946

Immediate cause of death

Bronchopneumonia

DURATION

1 day

Due to Arthritis-Chronic

11 yrs.

Due to

Other conditions Decubitus ulcers

6 wks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

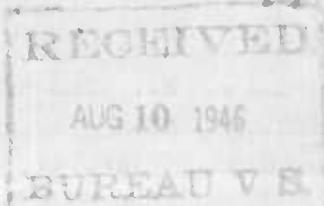
Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md.

Date signed 8/8/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

08004

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

Dorchester

Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ann E. Lams

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

female Colored widow

6. (b) Name of husband or wife Edmund Lams dead

7. Birth date of deceased (mo. day, yr.)

Jan 22

6. (c) If alive, give age

years 18.80

8. AGE:

Years 66

Months 7

Days 11

If less than one day

hrs.

min.

9. Birthplace

Church Creek

(Town, county, and state)

10. Usual occupation

Labour

11. Industry or business

Inn

MOTHER FATHER

12. Name Elix Banks

13. Birthplace

Maryland

14. Maiden name

Martha Banks

15. Birthplace

Maryland

16. Informant

Hazel Hendry

Address

Melvilk Rd.

17. Cemetery or crematory

Church Creek

Date thereof

(month)

(day)

(year) 1946

(Burial, cremation, or removal, Which?)

Location

Church Creek

18. Funeral director

George H. Bagneau

Address

Cambridge rd

8-22-46

19. (Date rec'd by registrar)

John Macdonald

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 24 1946 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 16 1946 to Aug 24 1946

and that I last saw her on Aug 24 1946

Immediate cause of death

Carcinoma

Colon

DURATION

Due to

Due to

Other conditions Bronchitis pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

Hugh Brown M.D.

M. D. or other

Address Cambridge Date signed 8/27/46

RECEIVED

AUG 29 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

08005

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County BaltimoreCity or town Burlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Myra M. Le complete

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Mar 4 1884

6. (c) If alive, give age

years

8. AGE:

Years	Months	Days	If less than one day
6	7	5 hrs. min.

9. Birthplace

(Town, county, and state)

Md

10. Usual occupation

House work

11. Industry or business

Galt Williams

FATHER

12. Name

MOTHER

13. Birthplace

Md

14. Maiden name

Laura M. Wright

15. Birthplace

Md

16. Informant

Galt Williams

Address

Burlock

17. Burial

Date thereof Aug 16 1946

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Burlock

Location

F.B. Williams

18. Funeral director

East New Market

Address

Chancery

19. Aug 11 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty BaltimoreCity or town Burlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

8/9

46

5:40 A.M.

20. DATE OF DEATH

7/12/44

19.

10.

8/9

1946

and that I last saw her alive on 8/8/44

Immediate cause of death Pulmonary embolus possibly on the right side

DURATION

Immediate

Due to arteriosclerosis and varicosities

Due to

Other conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

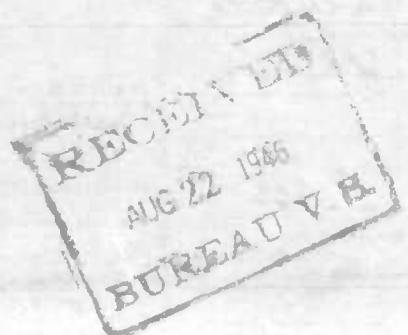
Injured at work?

23. SIGNATURE

Preston

M. D. or other

Address MarylandDate signed 8/12/46





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08006

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DORCHESTER
City or town CAMBRIDGE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 YEAR

Hospital, institution, or street address where death occurred:

CAMBRIDGE MARYLAND HOSPITAL

How long in hospital or institution? 2 WKS 10 DAY

3. (a) FULL NAME

HERBERT C. LEWIS

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MALE WHITE WIDOWED

6. (b) Name of husband or wife Stella Bassett

(Died 1919)

7. Birth date of deceased (mo. day, yr.) MAR. 7, 1876.

8. AGE: Years Months Days If less than one day
70 4 22 hrs. min.9. Birthplace Drawbridge Dor. Co., MARYLAND
(Town, County, and state)

10. Usual occupation

11. Industry or business

12. Name Winnie Lewis

13. Birthplace Maryland

14. Maiden name Elizabeth Hurley

15. Birthplace New Cambridge Dorchester Co., Md.

16. Informant Mr. Fred Banning

Address Willis St., Cambridge, Md.

17. Burial Date thereof Aug. 11, 1946.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director Lecompte's Funeral Service

Address Cambridge, Maryland.

19. Aug. 10 - 1946 John Maynard
(Date recd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Willis St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1946, at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 2 1946, to Aug. 9 1946,
and that I last saw her alive on August 8 1946.

Immediate cause of death

Hemorrhage

Due to Cirrhosis of liver.

DURATION

315 day

295-

Due to

Other conditions Cardio vascular disease

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy result

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

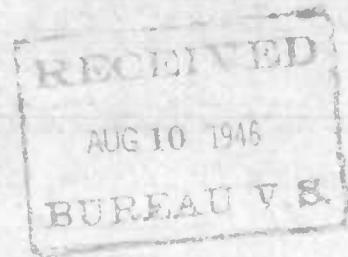
Injured at work?

23. SIGNATURE

John Maynard
Cambridge, Md. M. D. or other
Date signed 8-9-46

RECEIVED 1946-10-10 10:00 AM 1946

LETTER TO BUREAU



Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore

P 08007

FIM No. 187 SEP 17 1946
FIM No. 187 SEP 16 1946

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month 5 days

Hospital, institution, or street address where death occurred: Eastern Shore State Hospital

How long in hospital or institution? 1 month 5 days

3. (a) FULL NAME

Frank D. Noel

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age years
7. Birth date of deceased (mo. day, yr.) December 17, 18778. AGE: Years Months Days If less than one day
✓ 68 69 4 10 hrs. min.9. Birthplace..... Baltimore, Maryland
(Town, county, and state)

10. Usual occupation..... Lawyer

11. Industry or business

12. Name..... Charles Woodside Noel

13. Birthplace..... Pennsylvania

14. Maiden name..... Mary Jane Standiford

15. Birthplace..... Maryland

16. Informant..... Eastern Shore State Hospital Records

Address..... Cambridge, Maryland

17. Burial Date thereof Aug 9 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... The 310th

Location..... Stewart & Mowen Co.

18. Funeral director..... Stewart & Mowen Co.

Address..... Balt., Md.

19. (Date rec'd by registrar) 8/8 1946 A. S. Hedrick

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... Baltimore City

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 2852 Pelham Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 7 1946 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 2 1946 to August 7 1946
and that I last saw him alive on August 7 1946Immediate cause of death..... Hypertensive cardio-vascular
diseaseDue to..... Chronic bronchitis with
asthma

Due to.....

Other conditions/..... Arthritis
Encleated left eye
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... G. S. Hedrick M. D. or other

Address..... 1110 E. 30th St. Date signed..... 8/8/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

08008

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? about a yearHospital, institution, or street address where death occurred:
189 Washington St

How long in hospital or institution?

3. (a) FULL NAME

Caroline Pinkett4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife John D. Pinkett7. Birth date of deceased (mo., day, yr.) (unknown) 1866 6. (c) If alive, give age years8. AGE: Years 80 Months Days If less than one day hrs. min. 9. Birthplace Edfield Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Montgomery
13. Birthplace Edfield14. Maiden name Hester Montgomery
15. Birthplace Edfield16. Informant John Vaughan
Address 189 Washington St17. Burial Aug 23 1946
(Burial, cremation, or removal. Which?) Date thereof Aug 23 1946
(month) (day) (year)Cemetery or crematory Edfield Cemetery
Location Edfield Md18. Funeral director H. H. St. Clair
Address 308 Main Street19. Aug 23 1946 John Vaughan
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 189 Street Washington St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 194621. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 to Aug 21 1946and that I last saw her alive on Aug 14 1946Immediate cause of death Cerebral Hemorrhage DURATION 8 daysDue to Cardio vascular disease with hypertensionDue to Other conditions

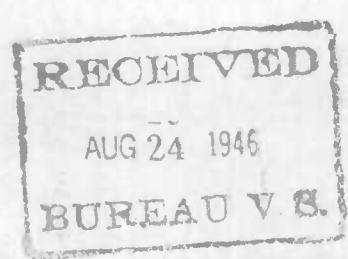
(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE John E. Bunker MD M. D. or other Address Cambridge, Md Date signed Aug 22 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

08009

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

8 Years

How long in above place of death?

Hospital; Institution, or street address where death occurred:

Church Creek

How long in hospital or institution?

3. (a) FULL NAME

Christopher Reilly

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Cora Hurley

(Died 7/3/1942.)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1880.

8. AGE: Years Months Days If less than one day

66 6 18 hrs. min.

9. Birthplace Fairfield, Conn.

(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Seafood

12. Name Thomas Reilly

13. Birthplace Conn.

14. Maiden name Not Known

15. Birthplace 11 11

16. Informant Mrs. Stokes Keyes

Address Cambridge, Maryland.

17. Burial Date thereof Aug. 17, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Aug. 17, 1946

(Date rec'd by registrar)

John Macie, Jr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. Church Creek

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

214-07-8145

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1946, at 2: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 15th 1946, to August 15th 1946and that I last saw him alive on August 15th 1946

Immediate cause of death

Coronary occlusion

DURATION

8 hours

Due to arteriosclerotic
Cardiovascular Disease

?

Due to

Other conditions — None

(Include pregnancy within 3 months of death)

Major findings of operations — None

Date of op.

Autopsy results — None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

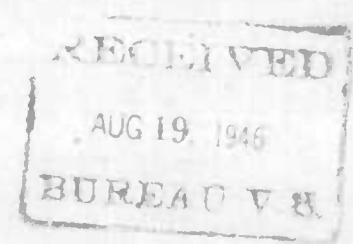
Injured at work?

23. SIGNATURE

Eldridge H. Jeffreys, M.D.

M. D. or other

Address Cambridge, Md. Date signed 8-16-46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

08010 //6
Reg. Dist. No.

1. PLACE OF DEATH:
Dorchester
County

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 3 days

3. (a) FULL NAME

George M. Revell
M W Married
S. Color or race 6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife Nettie Hill

7. Birth date of deceased (mo. day, yr.) Nov. 21, 1861
6. (c) If alive, give age 79 years

8. AGE: Years Months Days If less than one day
84 9 12 hrs. min.

9. Birthplace Fairmount
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John H. Revell
13. Birthplace unknown

MOTHER FATHER
14. Maiden name Sarah Ford Garrison

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Date thereof August 25, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairmount Cemetery

Location Fairmount Md

18. Funeral director Harry B. Miles

Address Upper Fairmount Md.

19. Date registered by registrar 1946 John Macdonald
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1946, at 11:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21 1946, to August 23 1946.

and that I last saw him alive on August 23 1946.

Immediate cause of death myocarditis

4 years

Due to.

Due to.

Other conditions arteriosclerosis

senile psychosis
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

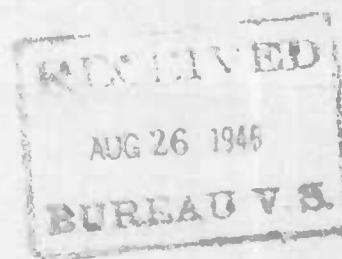
Means of injury Injured at work?

23. SIGNATURE Robert G. Farace M.D.

M. D. or other

Date signed 8/23/46

Address Cambridge Md





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

08011

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 Years

Hospital, institution, or street address where death occurred:

139 Race St.

How long in hospital or institution?

3. (a) FULL NAME

Anna Marie Schraff

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife Christian R. Schraff

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

Sept. 5, 1893

8. AGE:

Years
52Months
11Days
9If less than one day
hrs. min.9. Birthplace Winnsville, Nebraska
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Frank Fleischman

13. Birthplace Germany

14. Maiden name Not Known

15. Birthplace Germany

16. Informant Mr. C. R. Schraff

Address Cambridge, Maryland.

17. Burial Date thereof Aug. 16, 1946
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Aug. 16. 1946
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 139 Race St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1946, at 5: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 13, 1946, to August 14, 1946,

and that I last saw her alive on August 14, 1946.

Immediate cause of death

R.T. CEREBRAL HEMORRHAGE

DURATION

24 HRS

Due to HYPERTONIC SUE CARDIOVASCULAR DISEASE

Due to

Other conditions CHRONIC NEPHRITIS WITH EDEMA.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

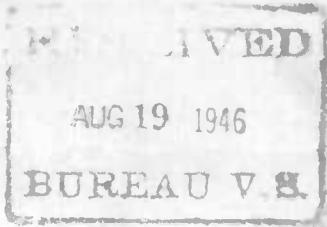
Means of Injury

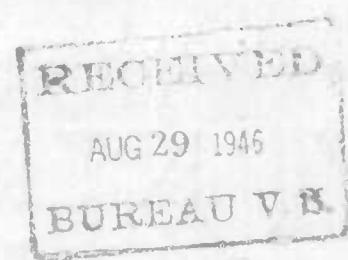
Injured at work?

23. SIGNATURE


 M. J. Schraff
 Address Cambridge, Md. Date signed 8/16/46

Registrar





Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH
 name of county & town where death occurred is shown 2411 N. Charles St., Baltimore 932
 FILM NO. I 06 SEP 5 1946 CERTIFICATE OF DEATH

08013

Reg. Date. No. 16

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella Sharpe

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female Caldecot widow
dead

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Mar 9 1879

6. (c) If alive, give age years

8. AGE: Years 67 Months . Days / If less than one day
hrs. . min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business None

12. Name of mother Mary Standley

13. Birthplace Maryland

14. Maiden name Mary Standley

15. Birthplace Maryland

16. Informant Missie Dennis

Address Cambridge

17. 23 Date thereof Aug 23, 1946
(Burial, cremation, or removal. Which?)

Date (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Cambridge

18. Funeral director Lewis H. Bayneum

Address Cambridge and

19. 8-23 1946 John May Jr. and
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1946, at 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 8, 1946, to Aug. 19, 1946, and that I last saw her alive on Aug. 19, 1946.

Immediate cause of death

Gangrene of left foot

Due to

Arteriosclerosis

Other conditions Myocardial fibrillation
and hypertension

(Indicate pregnancy within 3 months of death)

Major findings of operations Gangrene left foot

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. John May Jr. Date signed

Address Cambridge, Md. Date signed

RECEIVED

AUG 24 1946

BUREAU V 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1802

08014

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 5 months 1 day

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 5 months 1 day

3. (a) FULL NAME

Lillian Smullen

4. Sex

Female White

5. Color or race

Widow

6. (b) Name of husband or wife.....

Elijah Smullen

7. Birth date of deceased (mo., day, yr.)

18

6. (c) If alive, give age..... years

June 1880

8. AGE:

Years

Months

Days

It less than one day

66

1

18

hrs.

min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

Own Home

12. Name.....

Unknown

13. Birthplace

14. Maiden name.....

Mary Hitch

15. Birthplace

Maryland

16. Informant.....

Hospital Records

Address

Cambridge, Maryland

Burial, cremation, or removal. Which?

Date there Aug. 10, 1946
(month) (day) (year)

Cemetery or crematory

Baltimore Wicomico Memorial Park

Location

Accomac, Md.

18. Funeral director

Holloway & Sons, P. A. Funeral Home

Address

Box 832, Salisbury, Md.

19. (Date rec'd by registrar)

8-8-1946

1946

John Mace

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Worcester

City or town.....

Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 6

1946 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 5, 1946, to August 6, 1946,

and that I last saw her alive on August 6, 1946.

Immediate cause of death.....

Arteriosclerotic cardiovascular disease

DURATION

unknown

Due to.....

Due to.....

Other conditions..... Eczibitus ulcers

3 wks.

Psychosis with Cerebral Arteriosclerosis

(Include pregnancy within 3 months of death)

Fractured left femur

2 mos.

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Contributory..... Accident Date of June 13/46

Accident, suicide, or homicide

Where did injury occur?..... Cambridge, Dorchester Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Eastern Shore S. Hos

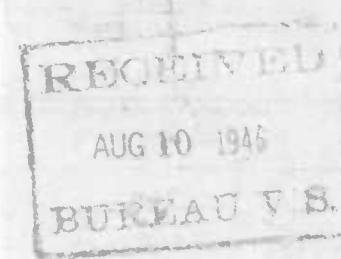
Means of injury..... Fall

Injured at work?

23. SIGNATURE.....

Guy W. Mullen M. D. or other

Address..... 211 W. 7th St., St. Paul, Minn. Date signed 8/6/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

08015

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year 7 mo. 26 da.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 yr. 7 mo. 26 da.

3. (a) FULL NAME

Robert L. Sprouse

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced married
----------	--------------------	--

6. (b) Name of husband or wife Mary E. Farmer

7. Birth date of deceased (mo., day, yr.) August 18, 1857

8. AGE: 88	Years 11	Months 17	Days	If less than one day
------------	----------	-----------	------	----------------------

8. (c) If alive, give age unknown years

9. Birthplace Bath County, Virginia
(Town, county, and state)

10. Usual occupation cobbler

11. Industry or business

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. (Burial, cremation, or removal? Which?) Burial Date thereof 8/6/46
(month) (day) (year)

Cemetery or crematory Elkton, Md.

Location 74 N. Poplar St.

18. Funeral director

Address Elkton, Md.

19. Aug. 5, 1946 John MacL. Sprouse, M.D.
(Date rec'd by Registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Cecil County

City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street No. 212 Hollingsworth Manor
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 5, 1944, to August 1, 1946,

and that I last saw him alive on

Immediate cause of death

arteriosclerotic
cardiovascular disease

Due to

senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

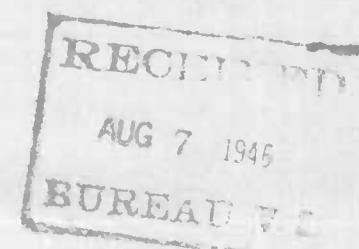
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Date signed Aug. 21, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-m

08016

116

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County... Dorchester

City or town... Rural-Thomas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Life

Hospital, Institution, or street address where death occurred:

Home-Thomas

How long in hospital or institution?... -

3. (a) FULL NAME

J. Raymond Warfield

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife... Emily Wootten

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1878

6.(c) If alive, give age 67 years

8. AGE: Years Months Days It less than one day
68 5 20 hrs. min.9. Birthplace... Dorchester Co., Maryland
(Town, county, and state)

10. Usual occupation... Waterman

11. Industry or business Seafood

12. Name... John R. Warfield

13. Birthplace Maryland

14. Maiden name Sarah Smith

15. Birthplace Maryland

16. Informant Mrs. Emily Warfield

Address Cambridge, RFD # 3, Md.

17. Burial Date thereof Aug. 25, 1946
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 8-36 1946

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Dorchester

City or town... Rural-Thomas

(If outside city or town limits, write RURAL and give nearest town)

Street No... Thomas

(If rural, give LOCATION)

2.(a) If veteran, name war... -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 22, 1946, at 6:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 18, 1946, to Aug. 22, 1946,
and that I last saw him alive on Aug. 20, 1946.

Immediate cause of death...

Acute myocardial failure

DURATION

1 day

Due to...

cystitis

Hypertrophied prostate

Due to...

Poss. malignancy

of gesto intestinal tract

Other conditions...

(Include pregnancy within 3 months of death)

Major findings or operations...

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

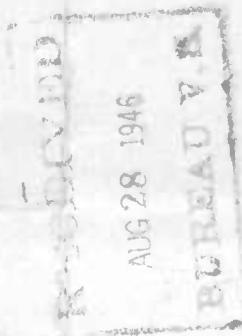
Injured at work?

23. SIGNATURE

Lawrence Warfield M.D.

M.D. or other

Address 136 Race St. Cambridge, Md. Date signed Aug. 23, 1946



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

08017

Reg. Dist. No.

116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge** (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **5 yrs. 7 mos. 11 ds**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? **5 yrs. 7 mos. 11 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Wicomico**
 City or town..... **Rural near Salisbury** (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME **Edward M. White**

3. (b) Social Security Number

none

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**

6.(b) Name of husband or wife..... **Edna B. Lafield**

7. Birth date of deceased (mo. day, yr.) **October 28 1871** 6.(c) If alive, give age **unknown** years

8. AGE: Years **74** Months **9 mos** Days **6** If less than one day hrs. min.

9. Birthplace..... **Parsonsburg, Wicomico Co., Maryland** (Town, county, and state)

10. Usual occupation..... **Farmer**

11. Industry or business

FATHER 12. Name..... **Benjamin Quentin White**
 13. Birthplace..... **Maryland**

MOTHER 14. Maiden name..... **Mandy E. Parson**
 15. Birthplace..... **Maryland**

16. Informant..... **Hospital Records**
 Address..... **Cambridge, Maryland**

17. Burial (Burial, cremation, or removal, if any) **Burial** Date thereof **Aug. 5, 1946**
 (month) (day) (year)

Cemetery or crematory..... **White Cemetery**
 Location..... **Parsonsburg, Md. Route 2**

18. Funeral Director..... **Clinton W. Sawyer**
 Address..... **Parsonsburg, Md.**

19. (Date rec'd by registrar) **Aug. 5, 1946** John McCaughan M.D.
 (Signature) **John McCaughan M.D.** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **August 3 1946** at **4:2 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **December 23 1946** to **August 3 1946** and that I last saw him alive on **August 3 1946**.

Immediate cause of death..... **Cholecystitis and Hepatitis** DURATION **12 ds.**

Due to.....

Due to.....

Other conditions..... **Arteriosclerosis** Cardiovascular **5 yr.**
 (Include pregnancy, if any, months of death)

Dementia Precox Paranoid Type Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **John J. Bannister** M. D. or other

Address..... **Cambridge** Date signed **8/31/46**

RECEIVED

AUG 7 1946

BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08018

50

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County... Dorchester

City or town... Rural-Andrews

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Life

Hospital, institution, or street address where death occurred:

Home-Andrews

How long in hospital or institution?... -

3. (a) FULL NAME

Alice Burton Williams

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife... Edward Williams

7. Birth date of deceased (mo., day, yr.)

May 4, 1892

8. (c) If alive, give age

74

years

8. AGE:

Years

Months

Days

It less than one day

54

3

17

hrs.

min.

9. Birthplace... Andrews, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation.

- Sometime Steamer Oyster Shucker

11. Industry or business

- Agriculture + Seafood

MOTHER FATHER

12. Name

John S. Burton

+ Sometime

MOTHER

13. Birthplace

Maryland

MOTHER

14. Maiden name

Elizabeth A. Burton

MOTHER

15. Birthplace

Maryland

16. Informant

Mr. Ruggie Burton

Address

Andrews, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 25, 1946
(month) (day) (year)

Cemetery or crematory Burton Family Cemetery

Location Andrews, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Aug 22 1946
(Date record by registrar)James A. Mease
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Dorchester

City or town... Rural-Andrews

(If outside city or town limits, write RURAL and give nearest town)

Street No... Andrews

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
220-01-7923

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 21, 1946, at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1946, to Aug 21, 1946
and that I last saw her alive on Aug 20, 1946

Immediate cause of death

Sarcoma of Left Breast
with metastasis to

Due to: spleen by Cerv

DURATION

8 mo.

Other condition Syphilis - reappearing in Ball

abdomen 1942

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur? (City or town)

(County)

(State)

Injured at home, farm, Industry, public place (where?)

Injured at work?

Means of injury

23. SIGNATURE James A. Mease, M.D.

M. D. or other

Address Fishing Creek, Md. Date signed Aug 22/46



Evidence for addition of name
of county & town where death
occurred is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12

08019

FILM No. 106 SEP 5 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Mullison (Wilson)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife

Hattie Mullison

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age 36 years

1871

8. AGE:

Years 45

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation.

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof Aug 23
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Aug 23 1946 John Mackay, Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20 1946 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug 17 1946 to Aug 20 1946

and that I last saw him alive on Aug 20 1946

Immediate cause of death

Tetanus

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

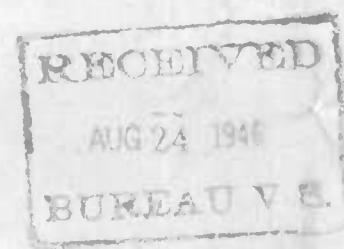
Means of injury

Injured at work

23. SIGNATURE

M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08020

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
RFD

How long in hospital or institution? _____

3. (a) FULL NAME

Arthur Gorman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteMarried

6. (b) Name of husband or wife

Margaret Wright

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 48 years

8. AGE: Years

Months

Days

If less than one day

9. Birthplace

Elkton, Maryland

(Town, county, and state)

10. Usual occupation

Businessman

11. Industry or business

Restaurant

MOTHER

12. Name Williams Allen Wright

13. Birthplace

Elkton, Md

14. Maiden name

Carolyn Maxine

15. Birthplace

Elkton, Md

16. Informant

Thomas L. Wright (Son)

Address

RFD #2 Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 20, 1946
(month) (day) (year)

Cemetery or crematory

East Head Market Cemetery

Location

East Head Market

18. Funeral director

H. H. Willoughby

Address

East Head Market, Md.

19. Date rec'd by registrar

19. Date rec'd by registrar

19. Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. none

(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1946 at 6:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1946, to August 17th 1946 1946, and that I last saw him alive on August 6th 1946.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

about 6 months

Due to

Due to

Other conditions

Tuberculosisuterine (uterus position)

1 M.O.

(Include pregnancy within 8 months of death)

Major findings or operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. Willoughby

M. D. or other

Address Cambridge, Md. Date signed Aug. 17 1946

